

Columbia County Risk Management Claim Reporting Form

Division:	Department:
Date:	Time:
Location Of Incident:	
EMPLOYEE / CIVILAN INFORMATION	
Person #1	Person #2:
Name:	Name:
Employee: Y / N	Employee: Y / N
Address:	Address:
City:	City:
State:	State:
Zip:	Zip:
Phone #:	Phone #:
Injured: Y / N	Injured: Y / N
Describe Injury:	Describe Injury:
PROPERTY DAMAGE	
Owner #1	Owner #2
Name:	Name:
County Property: Y / N	County Property: Y / N
Address:	Address:
City:	City:
State:	State:
Zip:	Zip:
Phone #:	Phone #:
Describe Property:	Describe Property:
DESCRIPTION	
Report By:	Position:
Phone #:	Date Filed:

(OVER)

Claim Reporting Form Instructions

1. Division- The division effected by the filing of this claim.
2. Department- The division effected by the filing of this claim.
3. Date and Time: Date and time of incident.
4. Location: Location of incident.
5. Injuries: List all requested information about parties involved.
6. Property Damage: List all requested information about parties involved.
7. Comments: Describe in detail what happened. Attach statements and any other documents that are needed to this form before sending it to Risk Management.

When complete send entire package to the Risk Management Office. If you have any questions Call 868-3363.